Accountants' Reports and Financial Statements
June 30, 2006 and 2005



June 30, 2006 and 2005

Contents

Independent Accountants' Report on Financial Statements and Supplementary Information	1
Management's Discussion and Analysis	2
Financial Statements	
Balance Sheets	8
Statements of Revenues, Expenses and Changes in Net Assets	9
Statements of Cash Flows	10
Notes to Financial Statements	12
Supplementary Information	
Consolidating Balance Sheets	23
Consolidating Statements of Revenues, Expenses and Changes in Net Assets	27
Schedules of Patient Service Revenues – Hospital	29
Schedules of Other Operating Revenues – Hospital	30
Schedules of Operating Expenses – Hospital	31
Schedules of Patient Receivables and Allowance for Uncollectible Accounts – Hospital	33
Schedules of Noncurrent Cash Transactions – Hospital	34
Schedule of Officials – Hospital – Year Ended June 30, 2006	35
Schedules of Financial and Statistical Data – Hospital	36
Schedules of Supplies and Prepaid Expense – Hospital	37
Independent Accountants' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with Government Auditing Standards	38
Schedule of Findings and Responses	43



Independent Accountants' Report on Financial Statements and Supplementary Information

Board of Commissioners Floyd County Memorial Hospital Charles City, Iowa

We have audited the accompanying balance sheets of Floyd County Memorial Hospital as of June 30, 2006 and 2005 and the related statements of revenues, expenses and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Floyd County Memorial Hospital as of June 30, 2006 and 2005, and its changes in financial position and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated August 18, 2006, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

The accompanying management's discussion and analysis is not a required part of the basic financial statements but is supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

bkd.com

Board of Commissioners Floyd County Memorial Hospital Page 2

Our audits were conducted for the purpose of forming an opinion on the Hospital's basic financial statements. The accompanying supplementary information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the basic financial statements. The consolidating information is presented for purposes of additional analysis of the governmental financial statements rather than to present individual financial position changes in net assets and cash flows of the primary government and its component unit. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

/s/ BKD, LLP

Kansas City, Missouri August 18, 2006

Management's Discussion and Analysis Years Ended June 30, 2006 and 2005

Introduction

This management's discussion and analysis of the financial performance of Floyd County Memorial Hospital (the "Hospital") provides an overview of the Hospital's financial activities for the years ended June 30, 2006 and 2005. It should be read in conjunction with the accompanying financial statements of the Hospital.

Financial Highlights

- Cash decreased in 2006 by \$163,423 or 5% and increased in 2005 by \$244,046 or 7%.
- The Hospital's net assets increased in each of the past two years with a \$1,048,590 or 9% increase in 2006 and a \$1,337,026 or 13% increase in 2005.
- The Hospital reported operating income in both 2006 and 2005 of \$1,014,044 and \$1,345,379, respectively.
- Net nonoperating revenues increased by \$42,899 in 2006 compared to 2005.

Using This Annual Report

The Hospital's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net assets; and a statement of cash flows. These statements provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The Hospital is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The Balance Sheet and Statement of Revenues, Expenses and Changes in Net Assets

One of the most important questions asked about any Hospital's finances is "Is the Hospital as a whole better or worse off as a result of the year's activities?" The Balance Sheet and the Statement of Revenues, Expenses and Changes in Net Assets report information about the Hospital's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Hospital's net assets and changes in them. The Hospital's total net assets—the difference between assets and liabilities—is one measure of the Hospital's financial health or financial position. Over time, increases or decreases in the Hospital's net assets are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Hospital's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients and local economic factors, should also be considered to assess the overall financial health of the Hospital.

The Statement of Cash Flows

The Statement of Cash Flows reports cash receipts, cash payments and net changes in cash resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for and what was the change in cash during the reporting period.

The Hospital's Net Assets

The Hospital's net assets are the difference between its assets and liabilities reported in the Balance Sheet. The Hospital's net assets increased by \$1,048,590 or 9% in 2006 over 2005 as shown in Table 1.

Table 1: Assets, Liabilities and Net Assets

	20	006		2005		2004
Assets						
Patient accounts receivable, net	\$ 2,	450,911	\$	2,296,115	\$	2,437,661
Other current assets	3,	574,060		3,633,242		2,562,489
Capital assets, net	7,	462,786		6,978,981		6,568,689
Other noncurrent assets	1,	,116,823		1,292,299	_	1,672,094
Total assets	\$ <u>14</u> ,	604,580	\$ <u> </u>	4,200,637	\$	13,240,933
Liabilities						
Long-term debt, including current maturities	\$	252,366	\$	722,348	\$	930,339
Other current and noncurrent liabilities	1,	,429,455		1,604,120	_	1,773,451
Total liabilities	1,	681,821		2,326,468		2,703,790
Net Assets						
Invested in capital assets, net of related debt	7,	,200,841		6,270,766		5,598,946
Unrestricted	5,	721,918		5,603,403	_	4,938,197
Total net assets	12,	,922,759	1	1,874,169	_	10,537,143
Total liabilities and net assets	\$ <u>14</u> ,	604,580	\$ <u>1</u>	4,200,637	\$	13,240,933

In 2006, there was a net increase of \$483,805 in Capital Assets due partially as a result of the completion of a major surgery remodel capital project. The payment of this project created a decrease in Other Noncurrent Assets and Other Current Assets.

In 2006, Long-term Debt of \$722,348 was paid off and a capital lease for computer hardware was approved for \$272,000. The computer hardware is the first phase of a \$1,300,000 new computer system, which will be installed over the next two years.

In 2006, an excess of net revenues over expenses was noted of \$1,048,590 and is included in total net assets, which resulted in an increase of 9%.

In 2005, there was an increase of \$1,070,753 in other current assets as a result of an increase in operating cash on hand of \$625,257 and an estimated receivable from third-party payers of \$415,000. The Hospital transfers cash on a monthly basis to an internally generated account for capital expenses. This capital expenditures account decreased 26%, or \$381,211, and is included in other noncurrent assets. This account decreased due to the capital asset expenditures that occurred this year.

In 2005, an excess of net revenues over expenses was noted of \$1,337,026, and is included in the total net assets, which resulted in an increase of 13%.

The decrease in long-term debt of \$207,991, or 22%, is reflective of monthly payments of principal on the long-term revenue bonds.

Operating Results and Changes in the Hospital's Net Assets

In 2006, the Hospital's net assets increased by \$1,048,590 or 9% as shown in Table 2. This increase is made up of several different components and represents a decrease of \$288,435 compared with the increase in net assets for 2005 of \$1,337,026.

Table 2: Operating Results and Changes in Net Assets

	2006	2005	2004
Operating Revenues			
Net patient service revenue	\$ 16,170,425	\$ 16,019,237	\$ 14,983,319
Other operating revenues	509,842	476,071	574,852
Total operating revenues	16,680,267	16,495,308	15,558,171
Operating Expenses			
Salaries and wages and employee benefits	8,707,695	8,479,936	8,169,714
Medical professional fees	2,568,625	2,387,882	2,326,615
Depreciation	685,965	635,295	617,482
Other operating expenses	3,703,938	3,646,816	3,275,434
Total operating expenses	15,666,223	15,149,929	14,389,245
Operating Income	1,014,044	1,345,379	1,168,926
Nonoperating Revenues (Expenses)			
Investment income	102,265	76,089	16,576
Contributions	16,096	7,406	9,189
Interest expense	(49,690)	(49,361)	(62,621)
Income taxes – Aesculapuis	(23,790)	(44,260)	(28,424)
Minority interest - Aesculapuis	(10,335)	1,773	(33,768)
Total nonoperating revenues			
(expenses)	34,546	(8,353)	(99,048)
Increase in Net Assets	\$ <u>1,048,590</u>	\$ <u>1,337,026</u>	\$ <u>1,069,878</u>

Operating Income

The first component of the overall change in the Hospital's net assets is its operating income or loss, generally the difference between net patient service and other operating revenues and the expenses incurred to perform those services. In each of the past two years, the Hospital has reported an operating income. The Hospital is a County Hospital, but cannot levy property taxes. The Floyd County Supervisors can give the Hospital an amount annually as the County's budget allows. The Hospital received no amounts from the county in 2005 and 2006.

The operating income for 2006 decreased as compared to 2005. The primary components of the change in operating income are:

- An increase in net patient service revenues of \$151,188 or 1%.
- An increase in salaries and wages and employee benefits of \$227,759 or 3%.
- An increase in other operating expenses of \$57,122 or 1.6%.
- An increase in nonoperating revenues/expenses of \$42,899.
- As of July 1, 2005, the Hospital stopped providing home health services. Gross revenue for 2005 for the home health department was \$622,972.

The operating income for 2005 increased as compared to 2004. The primary components of the increase in operating income are:

- An increase in net patient service revenues of \$1,035,918 or 7%.
- An increase in salaries and wages and employee benefits of \$310,222 or 4%.
- An increase in other operating expenses of \$371,382 or 11%.
- An increase in nonoperating revenues/expenses of \$90,695 or 92%.
- Gross patient service revenue increased in 2005 over 2004 because of an increase in gross charges of \$928,921 or 4.33%.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of investment income and interest expense. Investment income increased in 2006 as compared to 2005 while interest expense remained about the same. Also, between 2005 and 2006, investment income is up due to higher interest rates.

The Hospital's Cash Flows

Changes in the Hospital's cash flows are consistent with changes in operating income and nonoperating revenues and expenses, discussed earlier.

Capital Asset and Debt Administration

Capital Assets

At June 30, 2006, the Hospital had \$7,462,786 in capital assets, net of accumulated depreciation, as detailed in Note 4 to the financial statements. In 2006, the Hospital had additions of capital assets of \$1,169,770. In 2005, the Hospital expended \$624,760 on a capital project to renovate the operating rooms as well as purchased other new property and equipment costing \$420,827.

Debt

At June 30, 2006, the Hospital had \$252,366 recorded as a capital lease, which was new in 2006. At June 30, 2005, the Hospital had \$722,348, in revenue capital loan notes outstanding, which were paid off in 2006. The Hospital issued no new debt in 2005. The Hospital's formal debt issuances are subject to limitations imposed by state law.

Factors Bearing on Floyd County Memorial Hospital's Future

At the time these financial statements were prepared and audited, the Hospital was aware of two existing circumstances that could affect its financial health in the future.

- The Hospital is in the process of obtaining a new information technology system. Total cost for the project is expected to be about \$1,300,000. It is anticipated implementation of the new system will begin in 2007 and be completed in 2008. The Hospital intends to fund the project internally and with a short-term loan, if needed.
- The Hospital is also pursuing a construction renovation project for the acute patient care center. This project is expected to cost \$4,500,000 and will be funded internally and with a short-term loan, if needed.

Contacting the Hospital's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Hospital Administrator or Chief Financial Officer by telephoning (641) 228-6830.

Balance Sheets June 30, 2006 and 2005

Assets

	2006			2005	
Current Assets					
Cash	\$	2,512,085	\$	2,564,281	
Patient accounts receivable, net of allowance;	Ψ	2,612,000	4	2,00.,201	
2006 - \$1,198,000, 2005 - \$1,109,000		2,450,911		2,296,115	
Other receivables		40,916		48,473	
Supplies		520,967		510,886	
Prepaid expenses		94,092		94,602	
Estimated amounts due from third-party payers		406,000		415,000	
Total current assets	_	6,024,971		5,929,357	
Noncurrent Cash					
Internally designated for capital and other expenditures	_	955,968		1,067,195	
Capital Assets, Net of Accumulated Depreciation		7,462,786		6,978,981	
Other Assets					
Deferred financing costs		_		14,133	
Investments	_	160,855		210,971	
Total other assets		160,855		225,104	
Total Assets	\$	14,604,580	\$	14,200,637	

Liabilities and Net Assets

	2006	2005
Current Liabilities		
Current maturities of long-term debt	\$ 44,415	\$ \$ 219,723
Accounts payable	351,118	382,085
Accrued expenses		
Vacation pay	362,072	363,470
Payroll and related deductions	262,150	
Health insurance	263,000	
Total current liabilities	1,282,755	1,623,907
Minority Interest	191,115	199,936
Long-term Debt	207,951	502,625
Total liabilities	1,681,821	2,326,468
Net Assets		
Invested in capital assets, net of related debt	7,200,841	6,270,766
Unrestricted	5,721,918	
Total net assets	12,922,759	11,874,169
Total Liabilities and Net Assets	\$ <u>14,604,580</u>	<u>14,200,637</u>

Statements of Revenues, Expenses and Changes in Net Assets Years Ended June 30, 2006 and 2005

	2006	2005
Operating Revenues		
Net patient service revenue before provision for		
uncollectible accounts	\$ 16,777,541	\$ 16,614,367
Less provision for uncollectible accounts	607,116	595,130
Less provision for anconcentre accounts		373,130
Net patient service revenue	16,170,425	16,019,237
Other	509,842	476,071
Total operating revenues	16,680,267	16,495,308
Operating Expenses		
Salaries and wages	6,208,558	6,157,049
Employee benefits	2,499,137	2,322,887
Medical professional fees	2,568,625	2,387,882
Supplies and expenses	1,949,787	2,002,688
General services	894,728	823,915
Administrative services	859,423	820,213
Depreciation	685,965	635,295
Total operating expenses	15,666,223	15,149,929
Operating Income	1,014,044	1,345,379
Nonoperating Revenues (Expenses)		
Investment income	102,265	76,089
Contributions	16,096	7,406
Interest expense	(49,690)	(49,361)
Income taxes – Aesculapuis	(23,790)	
Minority interest – Aesculapuis	(10,335)	1,773
Total nonoperating revenues (expenses)	34,546	(8,353)
Increase in Net Assets	1,048,590	1,337,026
Net Assets, Beginning of the Year	11,874,169	10,537,143
Net Assets, End of the Year	\$ <u>12,922,759</u>	\$ <u>11,874,169</u>

Statements of Cash Flows Years Ended June 30, 2006 and 2005

		2006		2005
Operating Activities				
Receipts from and on behalf of patients	\$	16,024,629	\$	15,598,600
Payments to suppliers		(6,323,190)		(6,159,065)
Payments to employees		(8,842,572)		(8,334,982)
Other receipts and payments, net		515,909		470,598
Net cash provided by operating activities		1,374,776		1,575,151
Noncapital Financing Activities				
Unrestricted contributions		16,096		7,406
Net cash provided by noncapital financing activities		16,096		7,406
Capital and Related Financing Activities				
Purchase of capital assets		(888,191)		(1,103,587)
Principal payments on long-term debt		(741,982)		(207,991)
Interest paid on long-term debt		(35,557)		(44,898)
Proceeds from sale of capital assets		2,000		
Net cash used in capital and related financing activities		(1,663,730)		(1,356,476)
Investing Activities				
Income on investments		109,435	_	17,965
Net cash provided by investing activities		109,435		17,965
Increase (Decrease) in Cash		(163,423)		244,046
Cash, Beginning of Year	_	3,631,476		3,387,430
Cash, End of Year	\$	3,468,053	\$	3,631,476

(Continued)

Statements of Cash Flows (Continued) Years Ended June 30, 2006 and 2005

		2006	2005	
Reconciliation of Cash to the Balance Sheets				
Cash	\$	2,512,085	\$ 2,564,281	
Noncurrent cash				
Internally designated	_	955,968	 1,067,195	
Total cash	\$	3,468,053	\$ 3,631,476	
Reconciliation of Operating Income to Net Cash				
Provided by Operating Activities				
Operating income	\$	1,014,044	\$ 1,345,379	
Items not requiring (providing) cash				
Depreciation		685,965	635,295	
Amortization		30,547	20,877	
Gain on sale of assets		(2,000)	_	
Changes in				
Patient and other accounts receivable, net		(147,239)	157,977	
Supplies		(10,081)	(25,023)	
Prepaid expenses		(30,037)	(42,781)	
Accounts payable and accrued expenses		(175,423)	45,610	
Estimated amounts due to third-party payers		9,000	 (562,183)	
Net cash provided by operating activities	\$	1,374,776	\$ 1,575,151	
Supplemental Cash Flows Information				
Capital asset acquisitions included in accounts payable	\$	9,579	\$ _	
Capital lease obligation incurred for capital asset		272,000	_	

Notes to Financial Statements June 30, 2006 and 2005

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

The Floyd County Memorial Hospital (Hospital) is a county public hospital under Chapter 37 of the Code of Iowa. The Hospital and Health Care of Floyd County L.C. (HCFC) are collectively referred to here as the Organization. The Organization primarily earns revenues by providing health care services to patients on an inpatient and outpatient basis. The Hospital is exempt from income taxes as a political subdivision of the State of Iowa. HCFC is organized pursuant to the Iowa Limited Liability Company Act Chapter 490A.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally county appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific (such as county appropriations), investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Hospital first applies restricted net assets when an expense or outlay is incurred for purposes for which both restricted and unrestricted net assets are available.

The Hospital prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). Pursuant to GASB Statement No. 20, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB) that were issued on or before November 30, 1989, and do not conflict with or contradict GASB pronouncements.

Reporting Entity

As required by accounting principles generally accepted in the United States of America, these financial statements present the Hospital and its component unit, an entity for which the Hospital is considered to be financially accountable.

The determination of financial accountability includes consideration of a number of criteria, including (1) the Hospital's ability to appoint a voting majority of another entity's governing body and to impose its will on that entity, (2) the potential for that entity to provide specific financial benefits to or impose specific financial burdens on the Hospital, and (3) that entity's fiscal dependency on the Hospital.

Notes to Financial Statements June 30, 2006 and 2005

Health Care of Floyd County L.C. is consolidated into the Hospital's financial statements. HCFC is a legally separate limited liability corporation that is, in substance, a part of the Hospital's operations. It is organized primarily to hold certain assets for the Hospital. HCFC owns shares of a corporation whose earnings and losses are included in the financial statements. HCFC has agreed to purchase any remaining shares of the corporation, not to exceed \$100,000 in any year they are offered.

Data of HCFC is combined with data of the Hospital for financial reporting purposes using the blending method. Transactions between the Hospital and HCFC are eliminated in preparation of the financial statements.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments under reimbursement agreements with third-party payers and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are revised in future periods as final adjustments become known.

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

Deposits, Investments and Investment Income

The Hospital's deposits include demand deposits and money market accounts. HCFC's investment in a corporation is reported using the blended method. The Hospital also has investments in partnerships holding mobile medical equipment reported on the equity method.

Investment income includes interest income on deposits and return on other investments.

Notes to Financial Statements June 30, 2006 and 2005

Patient Accounts Receivable

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

Noncurrent Cash

Noncurrent cash represents internally designated assets set aside by the Board of Commissioners for future capital improvements and other expenditures over which the Board retains control and may at its discretion subsequently use for other purposes.

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. The following estimated useful lives are being used by the Hospital.

Land improvements 15 to 20 years
Buildings, improvements and fixed equipment 20 to 40 years
Major moveable equipment, computers and furniture 3 to 7 years

Medical Malpractice Coverage and Claims

The Hospital purchases medical malpractice insurance under a claims-made policy. Under such policy, only claims made and reported to the insurer are covered during the policy term, regardless of when the incident giving rise to the claim occurred. The cost of the coverage is accrued over the coverage period and includes both the minimum premium plus any estimated additional costs related to claims during the period. Adjustments of estimated to actual expenses after the policy terms are included in the period such adjustments are determined.

County Assistance

The Hospital operates under Iowa statutes as a County hospital and is entitled to receive a portion of the taxes levied by the County if approved by the County Supervisors. The Hospital received no support in 2005 or 2006. Such proceeds when received would be considered unrestricted as to use by the Hospital and would be used to support operations.

Notes to Financial Statements June 30, 2006 and 2005

Deferred Financing Costs

Deferred financing costs represent costs incurred in connection with the issuance of the notes payable. Such costs are being amortized over the term of the respective notes payable using the straight-line method.

Risk Management

The Hospital is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than those related to employee health benefits. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

The Hospital is self-insured for a portion of its exposure to risk of loss from employee health claims. Annual estimated provisions are accrued for the self-insured portion of employee health claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off. Compensated absence liabilities are computed using the regular pay in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

Net Assets

Net assets of the Hospital are classified in two components. Net assets invested in capital assets, net of related debt, consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets, net of related debt.

Notes to Financial Statements June 30, 2006 and 2005

Note 2: Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare. The Hospital is designated as a Critical Access Hospital (CAH). Under this designation, inpatient and outpatient services and defined capital cost related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for certain services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare Fiscal Intermediary.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed based upon a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with the final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid program.

Approximately 58% and 52% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2006 and 2005, respectively.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Note 3: Deposits, Investments and Investment Income

Deposits

Custodial credit risk is the risk that, in the event of a bank failure, a government's deposits may not be returned to it. The Hospital's deposit policy for custodial credit risk requires compliance with the provisions of State law.

The Hospital had no bank balances exposed to custodial credit risk at June 30, 2006 and 2005. The Hospital's deposits in banks at June 30, 2006 and 2005 were entirely covered by federal depository insurance or the State Sinking Fund in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to insure there will be no loss of public funds.

Notes to Financial Statements June 30, 2006 and 2005

Investments

The Hospital is authorized by statute to invest public funds in obligations of the United States government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees; prime eligible bankers' acceptances; certain high rated commercial paper; perfected repurchase agreements; certain registered open-end management investment companies; certain joint investment trusts and warrants or improvement certificates of a drainage district. The Hospital had limited investments in partnerships holding mobile medical equipment at June 30, 2006 and 2005.

Summary of Carrying Value

The carrying value of deposits included in the balance sheets is as follows:

	2006	2005
Deposits	\$3,468,053	\$3,631,476
Included in the following balance sheet captions Cash Noncurrent cash	\$ 2,512,085 955,968	\$ 2,564,281 1,067,195
	\$ 3,468,053	\$ 3,631,476

Investment Income

Investment income for the years ended June 30, 2006 and 2005 consisted of:

	2	2006	2005
Interest Return on other investments	\$	154,474 \$ (52,209)	104,472 (28,383)
Total investment income	\$	102,265 \$_	76,089

Notes to Financial Statements June 30, 2006 and 2005

Additions

Retirements

Transfers

Note 4: Capital Assets

2006

Consolidated capital assets activity for the years ended June 30, 2006 and 2005 was:

Balance June 30, 2005

Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress	\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436	\$ 8,125 47,236 605,115 509,294 1,169,770	\$ 247,291 ————————————————————————————————————	\$ 849,651 ————————————————————————————————————	\$ 457,527 9,364,350 1,600,888 4,750,747 284,403
	15,555,450	1,109,770	247,291		10,437,913
Less accumulated depreciation					
Land improvements	253,327	20,572	_	_	273,899
Building and improvements	4,016,317	258,646	_	_	4,274,963
Fixed equipment Major moveable equipment	861,314 3,425,497	90,266 316,481	247,291	_	951,580 3,494,687
Major moveable equipment	3,423,491	310,461	247,291	<u></u>	3,494,067
Total accumulated					
depreciation	8,556,455	685,965	247,291		8,995,129
				_	
Capital assets, net	\$ <u>6,978,981</u>	\$ <u>483,805</u>	\$ <u></u>	\$	\$ <u>7,462,786</u>
	Balance				Balance
2005	June 30, 2004	Additions	Retirements	Transfers	June 30, 2005
Land and improvements	June 30, 2004 \$ 428,569	Additions \$ 20,833		Transfers —	
Land and improvements Building and improvements	\$ 428,569 8,550,731	\$ 20,833 26,486	Retirements \$ 62,518		June 30, 2005 \$ 449,402 8,514,699
Land and improvements Building and improvements Fixed equipment	\$ 428,569 8,550,731 1,482,156	\$ 20,833 26,486 71,496	\$ 62,518 —		June 30, 2005 \$ 449,402 8,514,699 1,553,652
Land and improvements Building and improvements Fixed equipment Major moveable equipment	\$ 428,569 8,550,731	\$ 20,833 26,486 71,496 302,012			\$ 449,402 8,514,699 1,553,652 4,392,923
Land and improvements Building and improvements Fixed equipment	\$ 428,569 8,550,731 1,482,156	\$ 20,833 26,486 71,496	\$ 62,518 —		June 30, 2005 \$ 449,402 8,514,699 1,553,652
Land and improvements Building and improvements Fixed equipment Major moveable equipment	\$ 428,569 8,550,731 1,482,156	\$ 20,833 26,486 71,496 302,012	\$ 62,518 —		\$ 449,402 8,514,699 1,553,652 4,392,923
Land and improvements Building and improvements Fixed equipment Major moveable equipment	\$ 428,569 8,550,731 1,482,156 4,336,639	\$ 20,833 26,486 71,496 302,012 624,760	\$ 62,518 ————————————————————————————————————		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760
Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress Less accumulated depreciation Land improvements	\$ 428,569 8,550,731 1,482,156 4,336,639 ————————————————————————————————————	\$ 20,833 26,486 71,496 302,012 624,760 1,045,587	\$ 62,518 		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436
Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress Less accumulated depreciation Land improvements Building and improvements	\$ 428,569 8,550,731 1,482,156 4,336,639 ————————————————————————————————————	\$ 20,833 26,486 71,496 302,012 624,760 1,045,587	\$ 62,518 ————————————————————————————————————		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436 253,327 4,016,317
Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress Less accumulated depreciation Land improvements Building and improvements Fixed equipment	\$ 428,569 8,550,731 1,482,156 4,336,639 ————————————————————————————————————	\$ 20,833 26,486 71,496 302,012 624,760 1,045,587 24,065 232,577 93,803	\$ 62,518 245,728 ————————————————————————————————————		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436 253,327 4,016,317 861,314
Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress Less accumulated depreciation Land improvements Building and improvements	\$ 428,569 8,550,731 1,482,156 4,336,639 ————————————————————————————————————	\$ 20,833 26,486 71,496 302,012 624,760 1,045,587	\$ 62,518 		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436 253,327 4,016,317
Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress Less accumulated depreciation Land improvements Building and improvements Fixed equipment Major moveable equipment Total accumulated	\$ 428,569 8,550,731 1,482,156 4,336,639 	\$ 20,833 26,486 71,496 302,012 624,760 1,045,587 24,065 232,577 93,803 284,850	\$ 62,518 		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436 253,327 4,016,317 861,314 3,425,497
Land and improvements Building and improvements Fixed equipment Major moveable equipment Construction in progress Less accumulated depreciation Land improvements Building and improvements Fixed equipment Major moveable equipment	\$ 428,569 8,550,731 1,482,156 4,336,639 ————————————————————————————————————	\$ 20,833 26,486 71,496 302,012 624,760 1,045,587 24,065 232,577 93,803	\$ 62,518 245,728 ————————————————————————————————————		\$ 449,402 8,514,699 1,553,652 4,392,923 624,760 15,535,436 253,327 4,016,317 861,314

Balance

June 30, 2006

Notes to Financial Statements June 30, 2006 and 2005

Note 5: Long-term Debt

A schedule of changes in the Hospital's long-term debt for 2006 and 2005 follows:

2006	Balance June 30, 2005	Additions	Reductions	Balance June 30, 2006	Amounts Due Within One Year
Hospital Revenue Capital Loan Notes (A) Capital lease obligation (B)	\$ 722,348 ————————————————————————————————————	\$ 0 272,000 \$ 272,000	\$ 722,348 19.634 \$ 741,982	\$ 0 252,366 \$ 252,366	\$ 0 44,415 \$ 44,415
2005	Balance June 30, 2004	Additions	Reductions	Balance June 30, 2005	Amounts Due Within One Year
Hospital Revenue Capital Loan Notes (A)	\$930,339	\$ <u> </u>	\$ <u>207,991</u>	\$ <u>722,348</u>	\$ <u>219,723</u>

- (A) Hospital Revenue Capital Loan Notes, Series 2000, were paid off during 2006.
- (B) The Hospital is obligated under a lease for equipment that is accounted for as a capital lease. Assets under capital lease at June 30, 2006, totaled \$249,333, net of accumulated depreciation of \$22,667. The following is a schedule by year of future minimum lease payments under the capital lease, including interest at a rate of 11.4% together with the present value of the future minimum lease payments as of June 30, 2006.

Year Ending	
June 30,	
2007	\$ 71,016
2008	71,016
2009	71,016
2010	71,016
2011	 41,426
Total minimum lease payments	325,490
Less amount representing interest	 73,124
Present value of future minimum lease payments	\$ 252,366

Notes to Financial Statements June 30, 2006 and 2005

Note 6: Operating Leases

Noncancellable operating leases for buildings and equipment expire in various years through 2008.

Future minimum lease payments at June 30, 2006, were:

2007 2008	\$ 239,112 144,188
Future minimum lease payments	\$ 383,300

Rental expense for all operating leases totaled \$238,930 and \$247,537 for 2006 and 2005, respectively.

Note 7: Defined Benefit Pension Plan

Plan Description

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS), a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. Pension expense is recorded for the amount the Hospital is contractually required to contribute for the year. The Plan provides retirement and death benefits, which are established by State statute, to plan members and beneficiaries. The Plan issues a publicly available financial report that includes financial statements and required supplementary information for the Plan. The report may be obtained by writing to the Plan at IPERS, P.O. Box 9117, Des Moines, Iowa 50306-9117.

Funding Policy

Each plan member is required to contribute 3.70% of his or her annual covered salary and the Hospital is required to contribute 5.75% of annual covered payroll for 2006 and 2005. Contribution requirements are established by State statute. The Hospital's contributions to the plan for 2006, 2005 and 2004 were \$354,657, \$350,759 and \$337,412, respectively, which equaled the required contributions for each year.

Notes to Financial Statements June 30, 2006 and 2005

Note 8: Patient Accounts Receivable

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at June 30, 2006 and 2005 consisted of:

		2006		2005
Medicare	\$	882,342	\$	648,490
Medicaid	Ψ	107,542	Ψ	186,337
Third-party payers		888,941		756,199
Patients		1,610,793		1,657,601
Clinics		159,293		156,488
Total		3,648,911		3,405,115
Less allowance for uncollectible accounts		1,198,000	_	1,109,000
Patient accounts receivable, net	\$	2,450,911	\$	2,296,115

Note 9: Employee Health Insurance Claims

Liabilities include an accrual for claims that have been incurred but not reported for self-insured health insurance. Claims liabilities from asserted claims and from unasserted claims are accrued based on estimates that incorporate the Hospital's past experience, as well as other considerations, including relevant trend factors. Activity in the Hospital's accrued health insurance claims liability during 2006 and 2005 is summarized as follows:

	 2006	2005
Balance, beginning of year Current year claims and changes in estimates Claim payments	\$ 266,000 1,631,287 (1,634,287)	\$ 215,000 1,318,727 (1,267,727)
Balance, end of year	\$ 263,000	\$ 266,000

Note 10: Construction in Progress

The Hospital, at June 30, 2006, had \$284,403 in construction in progress related to projects, with the largest project relating to the purchase of a new computer system. The estimated cost to complete the various projects is \$1,067,712 to be funded by assets of the Hospital.

Notes to Financial Statements June 30, 2006 and 2005

Note 11: Budget and Budgetary Accounting

In accordance with the Code of Iowa, the Board of Commissioners annually adopts a budget on the cash basis following required public notice and hearings for all funds. The annual budget may be amended during the year utilizing similar statutorily prescribed procedures.

The following is reconciliation between reported amounts and cash basis presentation as well as a comparison to budget of the Hospital for the year ended June 30, 2006:

	Book Basis	Actual Accrual Adjustments	Cash Basis	Budget
Other revenues/receipts	\$ 16,735,588	\$ (608,221)	\$ 16,127,367	\$ 19,285,480
Expenses/disbursements	15,686,998	689,258	16,376,256	19,085,480
Balance, beginning of year	1,048,590 11,874,169	(1,297,479) (7,424,462)	(248,889) 4,449,707	200,000 4,449,707
Balance, end of year	\$ <u>12,922,759</u>	\$ <u>(8,721,941</u>)	\$ <u>4,200,818</u>	\$ <u>4,649,707</u>

Note 12: Subsequent Event – Health Care of Floyd County

On July 1, 2006, the Hospital provided \$300,000 to HCFC to purchase the remaining shares of a corporation held by HCFC for the Hospital.



Consolidating Balance Sheets June 30, 2006

Assets

	Floyd County Memorial	ИСБО	Fliminations	Total
	Hospital	HCFC	Eliminations	Total
Current Assets	4.2.512.005			Φ 2.512.005
Cash	\$ 2,512,085			\$ 2,512,085
Patient accounts receivable, net of	2 450 011			2.450.011
allowance of \$1,198,000	2,450,911			2,450,911
Other receivables	40,916			40,916
Supplies	520,967			520,967
Prepaid expenses	94,092			94,092
Estimated amounts due from				
third-party payers	406,000			406,000
Total current assets	6,024,971			6,024,971
Noncurrent Cash				
Internally designated for capital and other expenditures	955,968			955,968
Capital Assets, Net of Accumulated Depreciation	6,890,876	\$ <u>571,910</u>		7,462,786
Other Assets				
Investments	732,765		\$ <u>(571,910</u>)	160,855
Total other assets	732,765		(571,910)	160,855
Total Assets	\$ <u>14,604,580</u>	\$ <u>571,910</u>	\$ <u>(571,910</u>)	\$ <u>14,604,580</u>

Consolidating Balance Sheets (Continued) June 30, 2006

Liabilities and Net Assets

	Floyd County Memorial Hospital	HCFC	Eliminations	Total
Current Liabilities				
Current maturities of long-term debt	\$ 44,415		\$	44,415
Accounts payable	351,118			351,118
Accrued expenses				
Vacation pay	362,072			362,072
Payroll and related deductions	262,150			262,150
Health insurance	263,000			263,000
Total current liabilities	1,282,755			1,282,755
Minority Interest	191,115			191,115
Long-term Debt	207,951			207,951
Total liabilities	1,681,821			1,681,821
Net Assets				
Invested in capital assets, net				
of related debt	6,628,931	\$ 571,910		7,200,841
Unrestricted	6,293,828	·	\$ <u>(571,910</u>)	5,721,918
Total net assets	12,922,759	571,910	(571,910)	12,922,759
Total Liabilities and Net Assets	\$ <u>14,604,580</u>	\$ <u>571,910</u>	\$ <u>(571,910</u>) \$	14,604,580

Consolidating Balance Sheets (Continued) June 30, 2005

Assets

	Floyd County Memorial		
	Hospital	HCFC	Eliminations Total
Current Assets			
Cash	\$ 2,557,599	\$ 6,682	\$ 2,564,281
Patient accounts receivable, net of			
allowance of \$1,109,000	2,296,115		2,296,115
Other receivables	48,473		48,473
Supplies	510,886		510,886
Prepaid expenses	94,602		94,602
Estimated amounts due from			
third-party payers	415,000		415,000
Total current assets	5,922,675	6,682	5,929,357
Noncurrent Cash			
Internally designated for capital and			
other expenditures	1,067,195		1,067,195
Capital Assets, Net of Accumulated			
Depreciation	6,385,854	593,127	6,978,981
Other Assets			
Deferred financing costs	14,133		14,133
Investments	810,780		\$ <u>(599,809)</u> <u>210,971</u>
Total other assets	824,913		(599,809) 225,104
Total Assets	\$ <u>14,200,637</u>	\$599,809	\$ <u>(599,809)</u> \$ <u>14,200,637</u>

Consolidating Balance Sheets (Continued) June 30, 2005

Liabilities and Net Assets

	Floyd County Memorial			
	Hospital	HCFC	Eliminations	Total
Current Liabilities				
Current maturities of long-term debt	\$ 219,723			\$ 219,723
Accounts payable	382,085			382,085
Accrued expenses				
Vacation pay	363,470			363,470
Payroll and related deductions	392,629			392,629
Health insurance	266,000			266,000
Total current liabilities	1,623,907			1,623,907
Minority Interest	199,936			199,936
Long-term Debt	502,625			502,625
Total liabilities	2,326,468			2,326,468
Net Assets				
Invested in capital assets, net				
of related debt	5,677,639	\$ 593,127		6,270,766
Unrestricted	6,196,530	6,682	\$ (599,809)	5,603,403
	· <u> </u>			
Total net assets	11,874,169	599,809	(599,809)	11,874,169
Total Liabilities and Net Assets	\$ <u>14,200,637</u>	\$599,809	\$ <u>(599,809</u>)	\$ <u>14,200,637</u>

Consolidating Statement of Revenues, Expenses and Changes in Net Assets Year Ended June 30, 2006

	Floyd County Memorial			
	Hospital	HCFC	Eliminations	Total
Operating Revenues				
Net patient service revenue before provision				
for uncollectible accounts	\$ 16,777,541			\$ 16,777,541
Less provision for uncollectible accounts	607,116			607,116
Net patient service revenue	16,170,425			16,170,425
Other	370,524	\$ <u>213,204</u>	\$ (73,886)	509,842
Total operating revenues	16,540,949	213,204	(73,886)	16,680,267
Operating Expenses				
Salaries and wages	6,208,558			6,208,558
Employee benefits	2,499,137			2,499,137
Medical professional fees	2,568,625			2,568,625
Supplies and expenses	1,949,787			1,949,787
General services	912,138	56,476	(73,886)	894,728
Administrative services	834,315	25,108		859,423
Depreciation	664,748	21,217		685,965
Total operating expenses	15,637,308	102,801	(73,886)	15,666,223
Operating Income	903,641	110,403	0	1,014,044
Nonoperating Revenues (Expenses)				
Investment income	102,075	190		102,265
Contributions	16,096			16,096
Interest expense	(49,690)			(49,690)
Income taxes – Aesculapuis		(23,790)		(23,790)
Dividends paid – Aesculapuis	76,468		(76,468)	0
Minority interest – Aesculapuis			(10,335)	(10,335)
Total nonoperating revenues				
(expenses)	144,949	(23,600)	(86,803)	34,546
Increase in Net Assets	1,048,590	86,803	(86,803)	1,048,590
Net Assets, Beginning of the Year	11,874,169	599,809	(599,809)	11,874,169
Dividends Paid		(114,702)	114,702	0
Net Assets, End of the Year	\$ <u>12,922,759</u>	\$ <u>571,910</u>	\$ <u>(571,910</u>)	\$ <u>12,922,759</u>

Consolidating Statement of Revenues, Expenses and Changes in Net Assets (Continued) Year Ended June 30, 2005

	Floyd County Memorial			
	Hospital	HCFC	Eliminations	Total
Operating Revenues				
Net patient service revenue before provision				
for uncollectible accounts	\$ 16,614,367			\$ 16,614,367
Less provision for uncollectible accounts	595,130			595,130
Net patient service revenue	16,019,237			16,019,237
Other	339,634	\$ 210,333	\$ <u>(73,896)</u>	476,071
Total operating revenues	16,358,871	210,333	(73,896)	16,495,308
Operating Expenses				
Salaries and wages	6,157,049			6,157,049
Employee benefits	2,322,887			2,322,887
Medical professional fees	2,387,882			2,387,882
Supplies and expenses	2,002,688			2,002,688
General services	828,157	69,654	(73,896)	823,915
Administrative services	798,144	22,069		820,213
Depreciation	613,956	21,339		635,295
Total operating expenses	15,110,763	113,062	(73,896)	15,149,929
Operating Income	1,248,108	97,271	0	1,345,379
Nonoperating Revenues (Expenses)				
Investment income	75,873	216		76,089
Contributions	7,406			7,406
Interest expense	(49,361)			(49,361)
Income taxes – Aesculapuis		(44,260)		(44,260)
Dividends paid – Aesculapuis	55,000		(55,000)	0
Minority interest – Aesculapuis			1,773	1,773
Total nonoperating revenues				
(expenses)	88,918	(44,044)	(53,227)	(8,353)
Increase in Net Assets	1,337,026	53,227	(53,227)	1,337,026
Net Assets, Beginning of the Year	10,537,143	629,082	(629,082)	10,537,143
Dividends Paid		(82,500)	82,500	0
Net Assets, End of the Year	\$ <u>11,874,169</u>	\$ 599,809	\$(599,809)	\$ <u>11,874,169</u>

Schedules of Patient Service Revenues – Hospital Years Ended June 30, 2006 and 2005

	2006			2005		
	Total	Inpatient	Outpatient	Total	Inpatient	Outpatient
Routine Services	<u> </u>	-				
Acute nursing care	\$ 2,670,165	\$ 2,670,165		\$ 2,574,180	\$ 2,574,180	
Nursery	93,193	93,193		78,365	78,365	
	2,763,358	2,763,358		2,652,545	2,652,545	
Other Nursing Services						
Operating room	1,893,828	,	\$ 1,476,603	1,729,579	528,169	\$ 1,201,410
Recovery room	196,528	,	168,980	177,120	32,670	144,450
Delivery room	114,342	114,342		95,878	95,878	
Emergency room	2,275,276	83,187	2,192,089	2,214,154	76,528	2,137,626
Home Health Agency				622,972		622,972
	4,479,974	642,302	3,837,672	4,839,703	733,245	4,106,458
Other Professional Services						
Central service and supply	245,184	95,226	149,958	203,757	75,050	128,707
Laboratory	3,754,637	,	3,229,969	3,563,475	594,258	2,969,217
Blood	179,936	,	117,942	172,590	54,634	117,956
Radiology	1,111,267		1,045,285	1,111,147	70,261	1,040,886
Electrocardiology	535,641	42,120	493,521	353,283	42,864	310,419
Ultrasound	266,120	14,011	252,109	264,958	18,965	245,993
Nuclear medicine	151,258	9,256	142,002	160,202	5,306	154,896
CT Scan	1,660,676	224,693	1,435,983	1,717,476	319,706	1,397,770
MRI	939,156		882,679	968,752	76,004	892,748
Pharmacy	1,548,331	,	844,188	1,518,027	698,575	819,452
Intravenous therapy	245,671	125,310	120,361	401,174	222,826	178,348
Respiratory therapy	1,086,430	426,626	659,835	1,131,446	414,228	717,218
Physical therapy	1,616,464	,	1,139,838	1,821,800	418,136	1,403,664
Occupational therapy	235,641		143,846	214,557	76,677	137,880
Speech pathology	254,332	,	240,319	311,977	9,111	302,866
Anesthesia	272,158	33,085	239,073	228,225	40,894	187,331
Clinics	898,691	. <u> </u>	898,691	742,651		742,651
	15,001,593	2,966,025	12,035,599	14,885,497	3,137,495	11,748,002
Patient Service Revenue	22,244,925	\$ <u>6,371,685</u>	\$ <u>15,873,271</u>	22,377,745	\$ <u>6,523,285</u>	\$ <u>15,854,460</u>
Contractual Allowance	(5,467,384)		(5,763,378)		
Net Patient Service Revenue before Provision for						
Uncollectible Accounts	16,777,541			16,614,367		
Provision for Uncollectible Accounts	(607,116)		(595,130)		
Net Patient Service Revenue	\$ <u>16,170,425</u>			\$ <u>16,019,237</u>		

Schedules of Other Operating Revenues – Hospital Years Ended June 30, 2006 and 2005

	 2006		2005	
Cafeteria	\$ 183,255	\$	169,310	
Specialty clinics	89,009		87,739	
Office rental	31,324		30,146	
Registration fees	4,007		7,838	
Medical records transcripts	10,884		11,604	
Other	 52,045		32,997	
	\$ 370,524	\$	339,634	

Schedules of Operating Expenses – Hospital Years Ended June 30, 2006 and 2005

		2006			2005			
	Total	Salaries	Other	Total	Salaries	Other		
Nursing Services								
Nursing administration	\$ 785,428	\$ 583,697	\$ 201,731	\$ 731,133	\$ 555,618	\$ 175,515		
Routine care	2,093,283	1,422,627	670,656	1,903,175	1,309,734	593,441		
Nursery	35,258	29,812	5,446	33,878	28,605	5,273		
Operating room	804,811	297,249	507,562	762,796	292,082	470,714		
Delivery room	18,963	15,538	3,425	16,791	13,448	3,343		
Emergency room	975,629	391,417	584,212	946,371	386,648	559,723		
Home Health Agency				476,760	294,777	181,983		
	4,713,372	2,740,340	1,973,032	4,870,904	2,880,912	1,989,992		
Other Professional Services								
Central service and supply	226,253	64,059	162,194	186,790	57,264	129,526		
Laboratory	909,073	383,468	525,605	919,498	364,640	554,858		
Blood	68,331		68,331	56,207		56,207		
Radiology	710,798	398,713	312,085	687,911	390,622	297,289		
Electrocardiology	110,513	46,652	63,861	102,459	44,097	58,362		
Ultrasound	30,291		30,291	84,667		84,667		
Nuclear medicine	56,362		56,362	58,661		58,661		
Pharmacy	670,598	73,113	597,485	680,271	74,784	605,487		
Intravenous therapy	52,894		52,894	60,643		60,643		
Respiratory therapy	333,226		333,226	349,565		349,565		
Physical therapy	659,036		659,036	663,577		663,577		
Occupational therapy	82,208		82,208	71,299		71,299		
Speech pathology	160,678	124,855	35,823	161,534	124,506	37,028		
CT Scan	422,684		422,684	442,849		442,849		
Medical clinic	178,081	54,552	123,529	177,855	52,896	124,959		
Rural health clinic	964,610	348,516	616,094	775,777	334,478	441,299		
Sleep studies	<u>58,200</u>		58,200	9,600		9,600		
	5,693,836	1,493,928	4,199,908	5,489,163	1,443,287	4,045,876		

31

(Continued)

Schedules of Operating Expenses – Hospital Years Ended June 30, 2006 and 2005

	2006			2005			
	Total	Salaries	Other	Total	Salaries	Other	
General Services							
Dietary	\$ 818,737	\$ 374,017	\$ 444,720	\$ 771,636	\$ 351,193	\$ 420,443	
Operation of plant	577,943	106,510	471,433	499,632	102,289	397,343	
Housekeeping	482,680	313,139	169,541	417,036	281,915	135,121	
Laundry	94,698	13,939	80,759	88,914	11,338	77,576	
	1,974,058	807,605	1,166,453	1,777,218	746,735	1,030,483	
Administrative Services							
Medical records	361,005	215,447	145,558	348,153	206,026	142,127	
Administration	1,922,396	814,674	1,107,722	1,731,096	755,778	975,318	
Purchasing	110,426	77,461	32,965	96,613	69,299	27,314	
Personnel	83,719	59,103	24,616	76,181	55,012	21,169	
Insurance	113,748		113,748	107,479		107,479	
	2,591,294	1,166,685	1,424,609	2,359,522	1,086,115	1,273,407	
Depreciation	<u>664,748</u>		664,748	613,956		613,956	
	\$ <u>15,637,308</u>	\$ <u>6,208,558</u>	\$ <u>9,428,750</u>	\$ <u>15,110,763</u>	\$ <u>6,157,049</u>	\$ <u>8,953,714</u>	

Schedules of Patient Receivables and Allowance for Uncollectible Accounts – Hospital Years Ended June 30, 2006 and 2005

Schedules of Patient Receivables

		Amo	ount	S	Percent to Total		
Days Since Discharge		2006		2005	2006	2005	
0-30	\$	1,942,248	\$	1,844,451	47.65%	47.15%	
31-60		595,656		518,878	14.62	13.27	
61-90		163,447		207,308	4.01	5.30	
91-120		115,010		144,344	2.82	3.69	
121-150		112,387		121,919	2.76	3.12	
151 and over	_	1,146,869		1,074,726	28.14	27.47	
		4,075,617		3,911,626	<u>100.00</u> %	<u>100.00</u> %	
Clinic accounts receivable	_	176,256	_	178,056			
	_	4,251,873		4,089,682			
Less							
Contractual allowances Allowance for uncollect-		602,962		684,567			
ible accounts	_	1,198,000		1,109,000			
	_	1,800,962		1,793,567			
	\$	2,450,911	\$	2,296,115			

Allowance for Uncollectible Accounts

	 2006	2005
Balance, beginning of year	\$ 1,109,000	\$ 987,400
Provision for year	607,116	595,130
Recoveries of accounts previously written off	 183,763	 174,312
	1,899,879	1,756,842
Less accounts written off	 701,879	 647,842
Balance, end of year	\$ 1,198,000	\$ 1,109,000

Schedules of Noncurrent Cash Transactions – Hospital Years Ended June 30, 2006 and 2005

	Total
Balance, July 1, 2004	\$ 1,448,406
Deposits Withdrawals	722,376 (1,103,587)
Balance, June 30, 2005	1,067,195
Deposits Withdrawals	787,443 (898,670)
Balance, June 30, 2006	\$ <u>955,968</u>

Schedule of Officials – Hospital Year Ended June 30, 2006

Name	Title	Term Expires
	Board of Commissioners	
Larry Richards	Chairman	2007
Betty Held	Secretary	2006
Ross Enabnit	Treasurer	2006
Myrna Jakoubek	Member	2008
Mike Marth	Member	2008
	Hospital Officials	
Bill Faust	Administrator	
Ronald James	Assistant Administrator – CFO	

Schedules of Financial and Statistical Data – Hospital Years Ended June 30, 2006 and 2005

	2006	2005
Patient Days (Exclusive of Swing-Bed)		
Medicare	1,900	1,944
Medicaid	182	237
Private and other	603	612
	2,685	2,793
Medicare and Medicaid Percent	78%	78%
Percent of Occupancy	29%	31%
Discharges (Exclusive of swing-bed)		
Medicare	575	583
Medicaid	73	84
Private and other	224	235
	<u>872</u>	902
Average Length of Stay in Days	<u>3.1</u>	3.1

Schedules of Supplies and Prepaid Expense – Hospital Years Ended June 30, 2006 and 2005

		2006	2005
Supplies Storeroom Pharmacy Surgery	\$	171,016 128,433 214,237	\$ 184,761 124,038 193,596
Dietary		7,281	8,491
Dictally	\$	520,967	\$ 510,886
Prepaid Expense			
Insurance	\$	29,465	\$ 30,852
Maintenance contracts		52,372	51,213
Memberships and dues		6,969	7,162
Workers' compensation insurance		5,286	 5,375
	\$ <u></u>	94,092	\$ 94,602



Independent Accountants' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Commissioners Floyd County Memorial Hospital Charles City, Iowa

We have audited the financial statements of Floyd County Memorial Hospital as of and for the year ended June 30, 2006 and have issued our report thereon dated August 18, 2006. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Hospital's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide an opinion on the internal control over financial reporting. Our consideration of the internal control would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.



Compliance with Certain Provisions of Iowa Law

The following comments about the Hospital's compliance with certain provisions of Iowa law for the year ended June 30, 2006 are based exclusively on knowledge obtained from procedures performed during our independent audit of the financial statements of the Hospital for the year ended June 30, 2006. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily examined. In addition, it should be noted that our audit was not directed primarily toward obtaining knowledge of compliance with the following items. Our procedures do not provide a legal determination on the Hospital's compliance with those requirements.

Official Depository Banks

A resolution naming official depositories has been adopted by the Board. The maximum deposit amounts stated in the resolution were not exceeded during the year ended June 30, 2006.

Certified Budget

Budget hearings were held and publications were made in accordance with Chapter 24.9 of the Code of Iowa. Hospital expenditures during the year ended June 30, 2006 did not exceed amounts budgeted.

Questionable Expenditures

We did not note any questionable expenditures that we believe may constitute an unlawful expenditure from public funds or questionable disbursements that may not meet the public purpose requirements as defined in an Attorney General's opinion dated April 25, 1979.

Travel Expense

No expenditures of Hospital money for travel expenses of spouses of Hospital officials were noted. Mileage reimbursement was approved for employees not in excess of the IRS allowable limits.

Business Transactions

We noted no transactions between the Hospital and Hospital officials or employees other than those exempted by law; i.e., bankers on the Commission.

Commission Minutes

No transactions were found that we believe should have been approved in the Commission minutes but were not.

Deposits and Investments

We noted no instances of noncompliance with the deposit and investment provisions of Chapters 12B and 12C of the Code of Iowa and the Hospital's investment policy.

Unclaimed Property

Prior to November 1, 2005, the Hospital was required to file an annual report of unclaimed property with the state treasurer in accordance with Chapter 556.11 of the Code of Iowa. We noted the following exception:

Criteria or Specific Requirement – Hospital management is responsible for filing a report of unclaimed property or a negative report if no unclaimed property is on hand.

Condition – A report noting no unclaimed property was not filed in 2006 for the year ended June 30, 2005.

Context – The Hospital had no unclaimed property, but no report was filed.

Effect – Requirements were not met under Chapter 556.11 of the Code of Iowa.

Cause – Necessary reporting was not made in the current fiscal year.

Recommendation – Management should ensure necessary reporting is completed each year.

Views of Responsible Officials and Planned Corrective Action – Management concurs with the finding and recommendations. Management will perform suggested action to ensure all reporting is made in accordance with the Code of Iowa.

Disbursements for Equipment and Supplies

We did not note any disbursements for equipment or supplies that we believe were not in accordance with Chapter 347.13(3) of the Code of Iowa. We noted the following exception:

Criteria or Specific Requirement – Hospital management is responsible for having a policy for procuring equipment under bidding and contracting requirements.

Condition – The Board of Commissioners has not adopted a policy for procuring equipment under bidding and contracting requirements.

Context – A written policy is not in effect.

Effect – Requirements were not met under Chapter 347.13(3) of the Code of Iowa.

Cause – A written policy is not in place.

Recommendation – Management should establish a policy to set forth the requirements for procuring equipment under bidding and contracting requirements.

Views of Responsible Officials and Planned Corrective Actions – Management concurs with the finding and recommendation. Management will perform suggested action to conform to this requirement.

Compensation of Hospital Administrator, Assistants and Employees

No instances were noted in which compensation for the administrator, assistants or employees was determined other than in accordance with Chapter 347.13(5) of the Code of Iowa.

Internal Revenue Service Information Returns and Outside Services

We noted no instances where the Hospital failed to properly prepare a Form 1099 for outside services of \$600 or more or failed to properly classify workers as independent contractors versus employees.

Publication of Bills Allowed and Salaries

Chapter 347.13(14) of the Code of Iowa states "There shall be published quarterly in each of the official newspapers of the county as selected by the board of supervisors pursuant to section 349.1 the schedule of bills allowed and there shall be published annually in such newspapers the schedule of salaries paid by job classification and category ..." One exception was noted below:

Criteria or Specific Requirement – Hospital management is responsible for publishing the quarterly bills allowed and salaries paid as required by the Code of Iowa.

Condition – Bills allowed and salaries paid were not published during the year ended June 30, 2006.

Context – The necessary publications were not published.

Effect – Requirements were not met under Chapter 347.13(14) of the Code of Iowa.

Cause – Necessary publications were not made in the current fiscal year.

Recommendation – The Hospital should publish the schedule of bills allowed and salaries by job classification in accordance with Chapter 347.13(14) of the Code of Iowa and a Supreme Court decision dated September 18, 1996.

Views of Responsible Officials and Planned Corrective Actions – Management believes that they are not required to publish the information. However, management will consider this recommendation.

We also noted certain additional matters that we reported to the Hospital's management in a separate letter dated August 18, 2006.

This report is intended solely for the information and use of the governing body, management and the State of Iowa and is not intended to be and should not be used by anyone other than these specified parties.

/s/ BKD, LLP

Kansas City, Missouri August 18, 2006

Schedule of Findings and Responses Year Ended June 30, 2006

Reference		
Number	Finding	

None



Board of Commissioners Floyd County Memorial Hospital Charles City, Iowa

As part of our audit of the financial statements of Floyd County Memorial Hospital for the year ended June 30, 2006, we studied and evaluated the Hospital's internal control structure. Because the study and evaluation was only part of the overall audit plan regarding the financial statements, it was not intended to be a complete review of all your accounting procedures and, therefore, would not necessarily disclose all opportunities for improvement. We observed the following matters and offer these comments and suggestions. Previously we made observations as a result of our 2005 audit engagement in a letter dated August 18, 2005.

Standard Accounting Policies and Procedures

There is little written documentation of accounting or data processing procedures. Internal control is strengthened by identifying and documenting accounting procedures and responsibilities of accounting personnel. This will also be important for the compliance program. We recommend that consideration be given to developing written documentation of controls and procedures to strengthen the Hospital's ability to continue to operate efficiently in the event of unexpected employee turnover. We understand the Hospital will evaluate the accounting policies and procedures to supplement the policies with those included with the new information system being implemented.

Risk Assessment Audit Standards

During the past year, the AICPA issued the Risk Assessment Suite of Standards (Statements of Auditing Standards numbers 104 through 111). These Statements establish standards and provide guidance concerning the auditor's assessment of the risks of material misstatement in a financial statement audit and provide guidance on the design and performance of the audit procedures whose nature, timing and extent are designed to address the assessed risks. In addition, the Statements establish standards and guidance on planning and supervision, the nature of audit evidence, and evaluating whether the audit evidence obtained affords a reasonable basis for an opinion on the financial statements.

Overall, the primary objective of these Statements is to enhance the auditor's application of the audit risk model in conducting audits by specifying a more in-depth understanding of the organization and its environment, including its internal control, to identify the risks of material misstatement in the financial statements and what the organization is doing to mitigate the risks. These standards are effective for fiscal years beginning on or after December 15, 2006.

These standards will have a significant impact on the Hospital's audit once they become effective, which will most likely be June 30, 2008.

* * *



We appreciate the opportunity to present these comments and suggestions. This letter does not express an opinion on the Hospital's overall internal control structure; it does, however, include items that we believe merit your consideration. We can discuss these matters further at your convenience and provide any implementation assistance for changes or improvements you may require.

This letter is intended solely for the information and use of the Board of Commissioners and management and is not intended to be and should not be used by anyone other than these specified parties.

/s/ BKD, LLP

Kansas City, Missouri August 18, 2006